

**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Application of:)	
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MARGUERITTE MABRY WHITE)	MBC File # 20-2013-230411
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)	
_____ Applicant.)	

**ORDER CORRECTING NUNC PRO TUNC
CLERICAL ERROR IN "EFFECTIVE DECISION DATE" PORTION OF DECISION**

On its own motion, the Medical Board of California (hereafter "board") finds that there is a clerical error in the "Effective Decision Date" portion of the Decision in the above-entitled matter and that such clerical error should be corrected.

IT IS HEREBY ORDERED that the "Effective Decision Date" contained on the Decision Order Page in the above-entitled matter be and hereby is amended and corrected nunc pro tunc as of the date of entry of the decision to read as "This Decision shall become effective at 5:00 p.m. on June 9, 2014."

June 12, 2014



Dev Gnanadev, M.D., Chair
Panel B

**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Application of:)	File No. 20-2013-230411
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MARGUERITTE MABRY WHITE)	
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Applicant.)	
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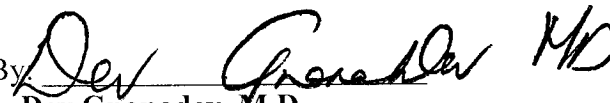
DECISION AND ORDER

The attached Stipulation for a Probationary License is hereby accepted and adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on April 9, 2014, although the probation will not commence until the applicant completes any remaining requirements for licensure and the license is issued.

ORDERED: April 2, 2014.

MEDICAL BOARD OF CALIFORNIA

By  MD
Dev Gnanadev, M.D.,
Chair, Panel B

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Application of:)	Case No. 20-2013-230411
)	
MARGUERITTE MABRY WHITE)	STIPULATION FOR A
)	PROBATIONARY LICENSE
For a Physician's and Surgeon's)	
License)	
_____)	

- 1) Margueritte Mabry White, applicant for a physician's and surgeon's license ("Applicant"), and Curtis J. Worden, Chief of Licensing of the Medical Board of California ("Board"), hereby stipulate as follows:
- 2) Applicant has satisfactorily met all of the requirements for medical licensure in California.
- 3) Applicant has not practiced medicine since May 2005, when her Colorado State medical license became inactive.
- 4) Due to the extended period of non-practice, Applicant was encouraged by Board staff to undergo an independent assessment by the Physician Assessment and Clinical Education ("PACE") program or a comparable program to address competency concerns. At Applicant's request, the Board approved the Center for Personalized Education for Physicians ("CPEP") in Denver, Colorado to conduct Applicant's clinical skill evaluation. CPEP's evaluation of Applicant determined that there were some areas in which she needed additional education and/or training. CPEP devised a reentry plan for applicant with study, research, and preceptored medical practice components to ensure that Applicant is able to provide safe patient care after her extended period of non-practice.
- 5) Under Section 2221 of the Business and Professions Code, the Board may deny a physician's and surgeon's certificate or, in its sole discretion, issue a probationary physician's and surgeon's certificate subject to terms and conditions.
- 6) Applicant acknowledges that she has a right to request a Statement of Issues and a hearing upon denial of license for cause. Applicant waives hearing and judicial review in favor of this Stipulation for a Probationary License, which is subject to approval by the Board.
- 7) Applicant understands and agrees that counsel for the staff of the Board may communicate directly with the Board regarding this proposed Stipulation, without notice to or participation by Applicant or her counsel. By signing the Stipulation, Applicant understands and agrees that she may not withdraw her agreement or seek to rescind the Stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this Stipulation, the offer of a Stipulation for a Probationary License shall be of no

Margueritte Mabry White
Stipulation

force or effect; except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

The staff recommends to the Board that a Probationary License be issued as follows:

ORDER

IT IS ORDERED THAT MARGUERITTE MABRY WHITE, Applicant, be issued a physician's and surgeon's license on a probationary basis, subject to the following terms and conditions:

- 1) Applicant accepts a one (1) year probationary license. The one (1) year term of probation shall be automatically extended until such time as the proctoring is completed. Probation shall begin on the date Applicant is issued a probationary license. The probation shall terminate sixty (60) days after successful completion of the obligations set forth in Paragraph 2 and after the Board has received confirmation from the Center for Personalized Education for Physicians that Applicant has successfully completed the obligations set forth in Exhibit 1 to this Stipulation, whichever is later.
- 2) Under the terms of this Stipulation for a Probationary License, Applicant is permitted to practice medicine solely under the oversight of CPEP according to the provisions attached as Exhibit 1 and incorporated in this Stipulation by reference. Applicant is required to participate as an assistant physician and surgeon in twenty-five (25) cesarean section surgeries, twenty-five (25) gynecologic surgeries, and twenty-five (25) vaginal deliveries, under the oversight of a Preceptor approved by CPEP and by the Board or its designee.

Applicant shall be supervised, as expressly described in Exhibit 1, by a Preceptor approved by CPEP and by the Board or its designee. The Board or its designee shall provide the Preceptor with a copy of the Stipulation for a Probationary License. Within fifteen (15) calendar days of receipt, the Preceptor shall submit to the Board or its designee a signed statement that he or she has read the Stipulation and understands the role of the Preceptor.

Applicant shall provide the Board or its designee with copies of the following materials simultaneously with their submission to CPEP: Education and Point of Care Case Logs, Preceptor Report forms completed by the Preceptor, CME certificates, and any other documentation of completed activities specified in CPEP's Plan.

Applicant shall be responsible for any costs associated with compliance with the terms of probation.

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If, within one year of the effective date of this Stipulation for a Probationary License, Applicant has not successfully completed the requirements set forth in this paragraph and received confirmation from the Center for Personalized Education for Physicians that Applicant has successfully completed the requirements set forth in Exhibit 1 to this Stipulation, the Board may, in its discretion, either revoke Applicant's license after giving Applicant notice and the opportunity to be heard or grant Applicant an extension of time within which to complete the requirements of her probation. All terms and conditions of this stipulation shall remain in effect during any such extension.

Applicant authorizes the Board to communicate with CPEP concerning her participation in the CPEP program and her compliance with the requirements set out in Exhibit 1 and authorizes CPEP to share with the Board any information and/or materials Applicant provides to CPEP, any evaluation or assessment of Applicant by CPEP, and any evaluation or assessment of Applicant by the Preceptor or anyone else associated with the CPEP program.

3) NOTIFICATION. Within seven (7) days of the effective date of this Decision, Applicant shall provide a true copy of this Decision to the Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership are extended to Applicant, any other facility where Applicant engages in the practice of medicine, including all physician and locum tenens registries or other similar agencies, and to the Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage to Applicant. Applicant shall submit proof of compliance to the Board or its designee within fifteen (15) calendar days.

This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

4) SUPERVISION OF PHYSICIAN ASSISTANTS. During probation, Applicant is prohibited from supervising physician assistants.

5) OBEY ALL LAWS. Applicant shall obey all federal, state and local laws and all rules governing the practice of medicine in California and remain in full compliance with any court ordered criminal probation, payments, and other orders.

6) QUARTERLY DECLARATIONS. Applicant shall submit quarterly declarations under penalty of perjury on forms provided by the Board, stating whether there has been compliance with all conditions of probation.

Applicant shall submit quarterly declarations not later than ten (10) calendar days after the end of the preceding quarter.

7) GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit:

Applicant shall comply with the Board's probation unit and all terms and conditions of this

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Decision.

Address Changes:

Applicant shall, at all times, keep the Board informed of her business and residence addresses, email address (if applicable), and telephone number. Changes of such addresses shall be immediately communicated in writing to the Board or its designee. Under no circumstances shall a post office box serve as an address of record, except as allowed by Business and Professions Code, Section 2021 (b).

Place of Practice:

Applicant shall not engage in the practice of medicine in her or a patient's place of residence, unless the patient resides in a skilled nursing facility or other similar licensed facility.

License Renewal:

Applicant shall maintain a current and renewed California Physician's and Surgeon's license.

Travel or Residence Outside California:

Applicant shall immediately inform the Board or its designee, in writing, of travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty (30) calendar days.

In the event Applicant should leave the State of California to reside or to practice, Applicant shall notify the Board or its designee in writing thirty (30) calendar days prior to the dates of departure and return.

8) INTERVIEW WITH BOARD OR ITS DESIGNEE. Applicant shall be available in person upon request for interviews either at her place of business or at the probation unit office, with or without prior notice, throughout the term of probation.

9) NON-PRACTICE WHILE ON PROBATION. Applicant shall notify the Board or designee in writing within fifteen (15) calendar days of any periods of non-practice lasting more than thirty (30) calendar days and within fifteen (15) calendar days of her return to practice. Non-practice is defined as any period of time Applicant is not practicing medicine in California as defined in Business and Professions Code, Sections 2051 and 2052 for at least forty (40) hours in a calendar month in direct patient care, clinical activity or teaching, or other activity as approved by the Board. All time spent in an intensive training program which has been approved by the Board or its designee shall not be considered non-practice. Practicing medicine in another state of the United States or Federal jurisdiction while on probation with the medical licensing authority of that state or jurisdiction shall not be considered non-practice. A Board-order suspension of practice shall not be considered as a period of non-practice.

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In the event Applicant's period of non-practice while on probation exceeds eighteen (18) calendar months, Applicant shall successfully complete a clinical training program that

meets the criteria of Condition eighteen (18) of the current version of the Board's "Manual of Model Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

Applicant's period of non-practice while on probation shall not exceed two (2) years.

Periods of non-practice will not apply to the reduction of the probationary term.

Periods of non-practice will relieve Applicant of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws and General Probation Requirements.

10) COMPLETION OF PROBATION. Applicant shall comply with all financial obligations (e.g. restitution, probation costs) not later than 120 calendar days prior to the completion of probation. Upon successful completion of probation, Applicant's certificate shall be fully restored.

11) VIOLATION OF PROBATION. Failure to fully comply with any term or condition of probation is a violation of probation. If Applicant violates probation in any respect, the Board, after giving Applicant notice and the opportunity to be heard, may revoke Applicant's license. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed against Applicant during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

12) LICENSE SURRENDER. Following the effective date of this Decision, if Applicant ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, Applicant may request to surrender her license. The Board reserves the right to evaluate Applicant's request and to exercise its discretion in determining whether or not to grant the request or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, Applicant shall within fifteen (15) calendar days deliver her wallet and wall certificate to the Board or its designee and shall no longer practice medicine. Applicant will no longer be subject to the terms and conditions of probation. If Applicant re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

13) PROBATION MONITORING COSTS. Applicant shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Board, which may be adjusted on an annual basis. Such costs shall be payable to the Board and delivered to the Board or its designee no later than January 31 of each calendar year.


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Applicant agrees to comply with the terms and conditions of the above Order.



Margueritte Mabry White, Applicant

5.21-2014
Date



Curtis J. Worden, Chief of Licensing

5-30-2014
Date

Exhibit 1

Applicant will fulfill the requirements of the following reentry plan that strictly adheres to the recommendations put forth by the Center for Personalized Education for Physicians (“CPEP”) and will comply with any additional education, training, or supervision required by CPEP.

I. Medical Knowledge Enhancement.

A. Prior to engaging in patient care

1. Applicant shall complete the Osler Institute Obstetrics and Gynecology board review- home study audio review (<http://www.osler.org/main/gyn.html>)
2. Applicant shall complete the Advanced Life Support in Obstetrics (“ALSO”) (<http://www.aafp.org/cme/cme-topic/all/instructor-san-diego.html>)

B. Evidence based self study and research

1. Applicant shall submit to CPEP a brief summary from evidenced-based medical references for each topic outlined below. Approved sources of research will be provided by CPEP. Each summary will explain the applicability of knowledge to Applicant’s practice, including how she will use it. The summary format will be provided by CPEP and each summary will be reviewed by the Associate Medical Director.
2. Applicant shall research two current, peer-reviewed, evidence-based medical references explicit to the topics and subtopics listed below using approved resources provided by CPEP and provide a report to CPEP.

Obstetrics:

- a. Sensitivity and specificity of urine and serum beta human chorionic gonadotropin tests;
- b. Tetanus diphtheria acellular pertussis (Tdap) vaccine recommendations during pregnancy;
- c. Management of gestational diabetes, including but not limited to, the use of oral medications;
- d. Preeclampsia, diagnostic criteria;
- e. Modern terminology to characterize FMS variability;
- f. Role and calculation of Montevideo units;
- g. Timing of delivery in the setting of placenta previa;

- h. Review of forceps-assisted vaginal delivery;
- i. Indications for and considerations with vacuum-assisted vaginal delivery;
- j. Shoulder dystocia maneuvers, including lack of indications for fundal pressure;
- k. Indications for primary Cesarean section;
- l. Review of Cesarean section technique, including but not limited to, creation of bladder flap during Cesarean section;
- m. Review of management of postpartum hemorrhage, including but not limited to, use of Pitocin and the Bakri Balloon;
- n. Pharmacology:
 - 1) Medication options, including but not limited to labetalol, for treatment of hypertension during pregnancy;
 - 2) Glyburide;
 - 3) Use of Procardia as a tocolytic;
 - 4) Use of Cytotec;
 - 5) Recommended medication to treat seizure in eclampsia.

Gynecology

- a. Contraception:
 - 1) Types of cancers for which rates are lowered in oral contraceptive pill users;
 - 2) Implanon;
 - 3) Types of intrauterine devices, indications, and duration of use;
 - 4) Depo-Provera, bone density concerns;
- b. Pap smear screening recommendations: initiation and frequency;
- c. Routine health maintenance lab testing, including but not limited to cholesterol and glucose;
- d. Definition of osteopenia and osteoporosis;
- e. Newer medication options and preparations for hormone replacement therapy, including but not limited to, oral forms of progesterone and estrogen as well as transdermal forms;

- f. Women's Health Initiative study: risks of estrogen alone compared to estrogen/progesterone in combination;
- g. Current terminology and management of types of endometrial hyperplasia;
- h. Risks of concurrent endometrial cancer with complex hyperplasia with atypia;
- i. Treatment options for stress urinary incontinence;
- j. CA 125 testing in adnexal masses;
- k. Pharmacology:
 - 1) Lovenox;
 - 2) Medication options for treatment of urge incontinence;
 - 3) Recommended duration of Provera therapy for management of prolonged vaginal bleeding;
- l. Diagnosis and management of deep venous thrombosis;
- m. Preferred imaging study to make the diagnosis of pulmonary embolus;
- n. Minor gynecology surgery:
 - 1) LEEP: indications and technique;
- o. Major gynecologic surgery such as hysterectomy/laparoscopy:
 - 1) Benefits of leaving ovaries intact at hysterectomy;
 - 2) Current recommendations about elective salpingo-oophorectomy at hysterectomy;
 - 3) Postoperative abdominal complaints following a laparoscopic procedure: potential causes and the evaluation;
 - 4) Hysterectomy:
 - a) Pelvic anatomy and hysterectomy technique;
 - b) Evaluation of post-operative abdominal complaints, including but not limited to, physical examination and preferred imaging studies:
 - i) Indications for computed tomography (CT) percutaneous drainage of abscesses.

C. Practice-based Learning

1. Applicant will participate in CME activities pertinent to her learning goals and overall scope of practice, with a minimum of 30 hours of CME activities per year.
2. Applicant will participate as an assistant physician and surgeon in twenty-five (25) cesarean section surgeries, twenty-five (25) gynecologic surgeries, and twenty-five (25) vaginal deliveries, under the oversight of a Preceptor approved by CPEP and by the Board or its designee.

II. Patient Care Enhancement.

A. Point of Care (“PoC”) Activities

During the PoC Experiences, Applicant will initially be supervised by a Preceptor who is board certified in Obstetrics and Gynecology and has been pre-approved by the Board and will progressively transition to independent practice. (See Preceptor Job Description, below.) The Preceptor will review notes of patient encounters and provide constructive feedback on the management and documentation of the patient encounters throughout the PoC.

1. During PoC Experiences in each of the various settings in which she intends to practice, Applicant will progress through the following steps, with the Preceptor consulting with the CPEP Associate Medical Director and determining the appropriate duration of each step:

- a. **Supervision.** Applicant will initially have 100 percent direct supervision by the Preceptor;

- b. **Concurrent Case Review.** Applicant will review each case with the Preceptor prior to transitioning the patient (e.g., patient leaving the outpatient setting or being admitted or discharged) to determine if the examination and evaluation/treatment have been adequate and if the plan is appropriate;

- c. **End-of-Day Review.** Applicant will review each case with the Preceptor at the end of each day to determine if the examination and evaluation/treatment were adequate and if the plan is appropriate;

- d. **Independent Care and End-of-Week Review.** Applicant will review a variety of cases with the Preceptor at the end of each week.

2. Prior to conclusion of the PoC Experiences, the Preceptor will speak with the CPEP Associate Medical Director and the Board or its designee to discuss if the experience was successful and if it would be appropriate for Applicant to proceed to providing independent care.

3. Subsequent to the PoC Experience, Applicant will see patients independently for the duration of her probationary period and will have retrospective case review at twice-monthly meetings with the Preceptor. During this period, Applicant shall practice in a setting where she has immediate onsite consultation available for the first month that she has provides independent care. Thereafter, Applicant will practice in a setting where she has immediate consultation available either onsite or via telephone.

4. Preceptor Meetings. The Preceptor Meetings shall be a minimum of two hours and the Preceptor shall provide Applicant with objective feedback sufficient to support her progress with regard to the specific Plan Learning Goals. Applicant and the Preceptor shall use the following activities to address the learning goals:

- a. Chart review and case-based discussions. Applicant shall submit to the Preceptor the charts of patients for whom she has provided independent, unsupervised care. Charts are the primary method of evaluation of Applicant's application of knowledge, clinical judgment, and reasoning and the Preceptor shall evaluate them to assess whether they demonstrate Applicant's integration of feedback and information learned as a result of completing the medical knowledge enhancement activities set out above.
- b. Hypothetical case discussions.
- c. Topic discussions.
- d. Current medical literature reviews.
- e. Utilization of appropriate Internet websites and other medical resources.

5. Documentation. The Preceptor shall document all meetings and activities in an Education Log and Preceptor report templates provided by CPEP.

III. Preceptor Job Description

A. *Qualifications:*

1. Active state license without prior or current sanctions or limitations, and not subject to peer review processes currently or in the past;
2. Board certification in the same specialty or subspecialty as the participant, or as specified by CPEP;
3. Ability to address the specific needs of the participant, e.g., similar patient population;
4. Mentoring of participant exclusively through CPEP and no other entities, such as a state licensing board;
5. Active practice within the past two years;
6. Objective relationship with the participant. There should be no real or perceived conflict of interest or a personal relationship with the participant.

B. *Responsibilities:*

1. Review the participant's Assessment Report, Educational Intervention Plan ("Plan"), and Preceptor Job Description, and agree to requirements;
2. Be available to work with the participant for the duration of the Plan;

3. Review charts submitted by the participant prior to the meetings;
4. Provide instruction, coaching, and analytical and constructive feedback to the participant to assist the participant in successful completion of the Plan.

C. *Meetings:*

1. Convene on a regular basis in a setting and for a time period conducive to the Participant's learning as described in the Plan. Approximately two hours per twice monthly meeting is generally appropriate.

D. *Reporting:*

1. Sign the participant's PoC Case Logs if applicable to the particular Plan;
2. Complete CPEP's required Preceptor Report forms;
3. Return the Report forms to CPEP by the specified due date;
4. Participate in regularly scheduled telephone conferences with the Associate Medical Director regarding the Participant's progress.

E. *Patient Safety:*

1. Report to the participant, CPEP, the Medical Board of California, and other appropriate authorities any care felt to place a patient in imminent danger.

F. *Payment:*

1. Negotiate any fee for serving as a Preceptor with the participant.

IV. Additional Information Regarding Preceptor

A. *Retrospective Chart Reviews:*

1. Applicant shall submit to the Preceptor for review no fewer than 24 redacted charts per month (12 charts per twice-monthly sessions);
 - a) The Preceptor may specify cases to be reviewed;
 - b) Redacted copies of charts should be submitted to the Preceptor in time for the Preceptor to review them before the meetings;
2. Applicant shall submit to CPEP by the fifth of every month six of the 24 redacted charts used in the Preceptor Meetings;
 - a) The Associate Medical Director may also specify charts to be submitted;

3. Cases should be specifically relevant to the Plan as well as representative of the scope of Applicant's practice as much as possible.

B. *Didactic Discussions and Coaching:*

1. Clinical Judgment:

- a) With the Preceptor, Applicant shall discuss the Clinical Judgment Learning Goals and application of knowledge to patient care;
- b) Develop and discuss with the Preceptor systems (protocols, algorithms, and/or chart templates) or other strategies for organizing the clinical evaluation to ensure that the Clinical Judgment Learning Goals are addressed and that improvements are integrated into her daily patient care;

2. Documentation:

- a) Applicant shall receive coaching from the Preceptor that addresses general documentation principles as well as the specific areas of need, including strategies and/or use of chart templates for improved documentation;

3. Medical Knowledge:

- a) Applicant shall discuss with the Preceptor each topic and subtopic identified under "evidenced based self study and research," above, including applicable and current evidence-based guidelines as available. Applicant shall also discuss the summaries she has prepared on the topics and subtopics with the Preceptor;

C. *Lifelong Learning:*

1. Develop lifelong learning skills:

- a) Applicant shall discuss and develop a plan with the Preceptor for maintaining current standards in obstetrics and gynecology after conclusion of the Reentry Plan. She shall discuss the plan with the Associate Medical Director and demonstrate ongoing learning throughout the duration of the Plan. The plan should:
 - 1) Incorporate computer-based resources;
 - 2) Integrate evidence-based medicine resources;
 - 3) Promote lifelong learning;
 - 4) Include activities that address clinical decision-making, such as case studies and grand rounds.